FORM D

UNITED STATES
SECURITIES AND EXCHANGE CO
Washington, D.C. 20549

02040856

OMB APPROVAL

mber: 3235-0076 December 31, 1993

ited average burden

FORM D

JUN 1 4 2002

RECEIVED

002 NO FICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
NIFORM LIMITED OFFERING EXCEPTION

SEC	USE ONLY
Prefix	Serial
DAT	E RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series A Convertible Preferred Stock.	1177954
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	•
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Siverion, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
1702 Meadowbrook Drive, Austin, Texas 78703 (512) 481-0175	3
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code (if different from Executive Offices))
(It districts from Exceptive Offices)	PROCESSED
Brief Description of Business	JUL 2 2 2002
Developing, manufacturing and selling computer software and offering consulting services	JUL 2 2 2002
Type of Business Organization	THOMSON
corporation limited partnership, already formed other (please specify):	FINANCIAL
business trust imited partnership, to be formed	
Actual or Estimated Date of Incorporation or Organization: Month Year	Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	D E

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 C.F.R. 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; • Each executive officer and director of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner. Full Nature (Last name first, if individual) Shah, Snehanshu Business or Residence Address (Number and Street, City, State, Zip Code) 1702 Meadowbrook Drive, Austin, Texas 78703 Check Box(es) that Apply: Fromoter Beneficial Owner Executive Officer Director General and/or Managing Partner. Full Name (Last name first, if individual) Mattis, Thomas Business or Residence Address (Number and Street, City, State, Zip Code) 1702 Meadowbrook, Drive, Austin, Texas 78703 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner. Full Name (Last name first, if individual) Adkin, Gregg E. Business or Residence Address (Number and Street, City, State, Zip Code) 6720 North Scottsdale Road, Suite 280, Scottsdale, AZ 83253 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner. Full Name (Last name first, if individual) Mattis, Thomas Beneficial Owner Executive Officer Director General and/or Managing Partner. Full Name (Last name first, if individual) Mattis, Thomas Beneficial Owner Executive Officer Director General and/or Managing Partner. Full Name (Last name first, if individual) Mattis, Thomas Beneficial Owner Executive Officer Director General and/or Managing Partner. Full Name (Last name first, if individual)				
A Agents	The state of the s	BASIC IDENTII	FICATION DATA	
2. Enter t	he information requested for the fo	ollowing:		
•	Each promoter of the issuer	, if the issuer has been orga	nnized within the past five years;	
•			spose, or direct the vote or disposition of	f, 10% or more of a class o
•		director of corporate issu	uers and of corporate general and manag	ging partners of partnership
•	Each general and managing	partner of partnership issu	ers.	
Check Box	es) that Apply:	⊠ Beneficial Owner		
Full Name	Last name first, if individual)		,	
		Street City State 7in Cod	(a)	
Dusiness of	Residence Address (Number and	Street, City, State, Zip Cou	ic)	
OUT TO THE PARTY OF THE PARTY O		GLEGGE WAY AN ORDER TO THE PROPERTY OF THE STATE OF THE S	BREEF TO THE STATE OF THE STATE	
		equested for the following: moter of the issuer, if the issuer has been organized within the past five years; eficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of urrities of the issuer; cutive officer and director of corporate issuers and of corporate general and managing partners of partnership and cral and managing partner of partnership issuers. Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner of individual) ess (Number and Street, City, State, Zip Code) Austin, Texas 78703 Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner of individual) ess (Number and Street; City, State, Zip Code) Austin, Texas 78703 Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner of individual) ess (Number and Street; City, State, Zip Code) Austin, Texas 78703 Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner of individual) ess (Number and Street, City, State, Zip Code) d, Suite 280, Scottsdale, AZ 85253 Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner of individual)		
Full Name	Last name first, if individual)			
Martis, Tho	mas	ter Tamer		
Business or	Residence Address (Number and	Street, City, State, Zip Cod	e)	
1702 Mead	owbrook Drive, Austin, Texas 787	03		
			☐ Executive Officer ☒ Director	
Full Name (Last name first, if individual)			
Adkin, Gre	gg E.			
		Street, City, State, Zip Cod	e)	
6720 North	Scottsdale Road, Suite 280, Scott	sdale AZ 85253		
201100000000000000000000000000000000000		and the second s	Executive Officer \(\sum \) Director	
Full Name (Last name first, if individual)	The state of the s	The second secon	
41 44 41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and an international contraction of the contraction		A PRINCIPAL OF THE CONTROL OF THE CO	
Business or	Residence Address (Number and	Street, City, State, Zip Cod	e)	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Executive Officer Director

Beneficial Owner

6720 N. Scottsdale Road, Suite 280, Scottsdale, AZ 85253

Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:

Full Name (Last name first, if individual)

General and/or

Managing Partner

	i i i i i i i i i i i i i i i i i i i			ir E]	B. INFO	RMATIO	N ABOU	T OFFER	ING			
1.	Has the	issuer sol	d, or doe	s the issu	er intend	to sell, to	non-accre	edited inv	estors in th	is offering	?		Yes 🛛 No
		Answer	also in A	ppendix,	Column I	2, if filing	under UI	OE.			•		
2.	What is	the minin	num inve	stment th	at will be	accepted	from any	individua	1?			§	100,000
3.	Does the	offering	permit jo	oint owne	rship of a	ı single ur	nit?	*****					Yes No
4.	indirectli securitie registere five (5) informat	y, any co s in the o d with the persons ion for the	mmissior offering. ne SEC a to be listat broker	or similed or similed for with the design of the decident of t	ar remund son to be the a state associated ronly.	eration for listed is or states,	solicitati an assoc list the r	on of purd lated pers name of th	ill be paid chasers in con or agen ne broker co or dealer,	connection at of a bro or dealer.	with sale oker or de If more	s of aler han	
Ful	l Name (I	ast name	e first, if i	ndividua	l)								
N/z Bu	A siness or I	Residence	e Address	(Numbe	r and Str	eet, City, S	State, Zip	Code)					
Na	me of Ass	ociated E	Broker or	Dealer									
	tes in Wh (Check [AL] [IL] [MT] [RI] 1 Name (I	"All Sta [AK] [IN] [NE] [SC]	tes" or ch [AZ] [IA] [NV] [SD]	eck indiv [AR] [KS] [NH] [TN]	vidual Sta [CA] [KY] [NJ] [TX]		Colicit Pur [CT] [ME] [NY] [VT]	(DE) [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	☐ All States [ID] [MO] [PA] [PR]
Bu	siness or I	Residence	e Address	(Numbe	r and Str	eet, City, S	State, Zip	Code)			<u></u>		
Na	me of Ass	ociated E	Broker or	Dealer			•			****	·· -		
Sta	tes in Wh (Check [AL] [IL] [MT] [RI]		n Listed tes" or che [AZ] [IA] [NV] [SD]				Solicit Pur [CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	All States [ID] [MO] [PA] [PR]
Ful	l Name (I	ast name	e first, if i	ndividua	l)								
Bu	siness or I	Residence	e Address	(Numbe	r and Str	eet, City, S	State, Zip	Code)					
Na	me of Ass	ociated E	Broker or	Dealer						***************************************			
Sta	tes in Wh (Check [AL] [IL] [MT] [RI]		n Listed : tes" or ch [AZ] [IA] [NV] [SD]				Solicit Pur [CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	All States [ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

e		
C. OFFERING PRICE, NUMBER OF INVESTORS, EXPE	NSES AND USE OF PROCEEDS	·
 Enter the aggregate offering price of securities in this offering and the total amounter "0" if answer is "none" or "zero." If the transaction is an exchange offer box and indicate in the columns below the amounts of the securities offered and already exchanged. 	ering, check this	
Type of Security	Aggregate	Amount
Common Preferred	Offering Price	Already Sold
Debt		\$0
Equity		\$ <u>1,000,000.00</u>
Convertible Securities (including warrants)		<u>\$0</u>
Partnership Interests		\$0
Other (Specify:)	\$0	\$ <u>0</u>
Total	\$ <u>2,000,000.00</u>	\$ <u>1,000,000.00</u>
2. Enter the number of accredited and non-accredited investors who have purchase this offering and the aggregate dollar amounts of their purchases. For offerings indicate the number of persons who have purchased securities and the aggregat of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	under Rule 504,	
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	2	\$2,000,000.00
Non-accredited Investors		\$0
Total (for filings under Rule 504 only)		\$0
Answer also in Appendix, Column 4 if filin		Φ <u>σ</u>
Answer also in Appendix, Column 4 in thin	g under OLOE	
3. If this filing is for an offering under Rule 504 or 505, enter the information resecurities sold by the issuer, to date, in offerings of the types indicated, in months prior to the first sale of securities in this offering. Classify securities be Part C – Question 1.	the twelve (12) by type listed in	Dellan Amazona
	Type of Security	Dollar Amount Sold
Type of Offering	Security	Solu
Rule 505	N/A	\$N/A
Regulation A		\$N/A
Rule 504		\$N/A
Total		\$0
4. a. Furnish a statement of all expenses in connection with the issuance and dis securities in this offering. Exclude amounts relating solely to organization e issuer. The information may be given as subject to future contingencies. If the expenditure is not known, furnish an estimate and check the box to the left of the	expenses of the expenses of an	
Transfer Agent's Fees		\$0
Printing and Engraving Costs		\$0
Legal Fees		\$80,000.00
Accounting Fees		\$0
Engineering Fees		\$0
Sales Commissions (specify finders' fees separately)		\$0
Other Expenses (identify): (Blue Sky filing fee)		\$ 250.00
T . 1		#nn n = 0 = 0 = 0

	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSE	S ANI	USE OF PROCE	EDS	
	b. Enter the difference between the aggregate offering expenses furnished in response to Part C-Question 4 issuer."	.a. This difference is the "adjusted	gross	proceeds to the		\$919,750.00
5.	Indicate below the amount of the adjusted gross proceed purposes shown. If the amount for any purpose is not k estimate. The total of the payments listed must equal the Part C – Question 4.b above.	nown, furnish an estimate and che	ck the l	oox to the left of the		
				Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees			\$0		\$0
	Purchase of real estate			\$ <u>0</u>		\$0
	Purchase, rental or leasing and installation of machi	nery and equipment		\$ <u>0</u>		\$0
	Construction or leasing of plant buildings and facility	ties		\$ <u>0</u>		\$ <u>0</u>
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets pursuant to a merger)	or securities of another issuer		\$0		\$0
	Repayment of indebtedness			\$0		\$ <u>0</u>
	Working capital			\$0	\boxtimes	\$ <u>919,750.00</u>
	Other (specify):			\$0		\$0
	Column Totals			\$0	\boxtimes	\$
То	tal Payments Listed (column totals added)		•••••	× \$91	9,750.00	_
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		D. FEDERAL SIGNATURE				
onsti	suer has duly caused this notice to be signed by the unde tutes an undertaking by the issuer to furnish to the U. hed by the issuer to any non-accredited investor pursuant	S. Securities and Exchange Comi				
Issu	er (Print or Type)	Signature			Date	
Sivo	erion, Inc.	Stofel			June 6,	2002
	ne of Signer (Print or Type)	Title of Signer (Print or Type))			
She	hanshu Shah					
				···		
Int	entional misstatements or omissions of fact o	ATTENTION constitute federal criminal	violat	tions. (See 18 U	J.S.C. 10	001.)

	E. C	STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (provisions of such rule?		
	See Appendi	x, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to furnish to Form D (17 CFR 239.500) at such times as required by st		ate in which this notice is filed, a notice on
3.	The undersigned issuer hereby undertakes to furnish to the to offerees.	ne state administrators, upon writter	n request, information furnished by the issuer
4.	The undersigned issuer represents that the issuer is familie Offering Exemption (ULOE) of the state in which this exemption has the burden of establishing that these conditions that these conditions is the state of the state o	notice is filed and understands that	
	he issuer has read this notification and knows the contendersigned duly authorized person.	ts to be true and has duly caused	this notice to be signed on its behalf by the
Is	ssuer (Print or Type)	Signature 10 1	Date
_S	iverion, Inc.	Delek	June 6, 2002
N	Jame (Print or Type)	Title (Print or Type)	

Vie President, Secretary & Treasurer

Instruction:

Shehanshu Shah

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX									
1	Intend (non-acc investor	to sell to credited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of ir	4 Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL					<u> </u>					
AK										
AZ		Х	Series A Convertible Preferred Stock	1	\$1,000,000	0	0		X	
AR										
CA		-								
СО										
СТ										
DE										
DC										
FL							<u> </u>			
GA										
НІ										
ID	· · · · · · · · · · · · · · · · · · ·									
IL										
IN				<u></u>						
JA										
KS										
KY									7	
LA										
ME										
MD										
MA										
MI										
MN										
MS										
МО										
МТ										
NE				- · · · · · · · · · · · · · · · · · · ·			· <u>-</u>			
NV										
NH						*				
NJ		***								
NM		-								
NY	_									
NC										
ND										
ОН										

		K []	(Control of the Control of the Contr	APP	ENDIX			4 9	
1	Intend non-ac investor	to sell to credited s in StateItem 1)	3 Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
OK		Ī							
OR							*		
PA								-	
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									